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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/676,409	10/01/2003	Lihui Zhang	6741P002	8065	
45062 SAP/BLAKEL`	7590 12/06/200 <b>Y</b>	EXAMINER			
1279 OAKMEA	AD PARKWAY	IWARERE, OLUSEYE			
SUNNY VALE,	ALE, CA 94085-4040		ART UNIT	PAPER NUMBER	
			4127		
			MAIL DATE	DELIVERY MODE	
			12/06/2007	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intoniou Summan	10/676,409	ZHANG ET AL.	
Interview Summary	Examiner	Art Unit	
	Oluseye Iwarere	4127	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Oluseye Iwarere</u> .	(3) <u>Olivia Tsai</u> .		
(2) <u>Lynda Jasmin</u> .	(4)		
Date of Interview: <u>11/27/2007</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∐ applicant's representative	<b>e</b> ]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1,3 and 5</u> .			
Identification of prior art discussed: Arunapuram et al.			
Agreement with respect to the claims f) was reached. g	ı)⊠ was not reached. h)⊡ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's representative claims 1, 3 and 5. The examiner printed out the relevant seconsideration will be required upon filling of a response</u> .  (A fuller description, if necessary, and a copy of the amenda	e argued that the prior art faile ections of the prior art for elem	ed to disclose the ents of claim 1 a	elements of nd 5. Further
allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Oluseye lwarere/		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)